



CITY OF BELLEVUE
 Utilities Department
 P.O. Box 90012 Bellevue, WA 98009-9012

**DISCONNECTION OF
 WATER/SEWER SERVICE # _____**

APPLICANT INFORMATION

Date _____

Owner's Name _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____

Service Address _____ City _____

Legal Description _____

_____ KC# _____

DO NOT WRITE BELOW THIS LINE

As-Built Page _____

Service Size: Water _____ Sewer _____

Utility Billing Account #: _____ Meter Number _____ Initials _____

INSPECTION INFORMATION

Check service for re-use

	Signature, Water Maintenance	Date
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Side Sewer Abandoned/Capped

	Signature, Sewer Maintenance	Date
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Contractor: _____

Comments: _____

FINAL APPROVAL

Comments: _____

Development Section	Signature	Date
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ROUTING: White - Sewer Maintenance; Yellow - Water Maintenance; Pink - Demo./Aband. File